



City of Renton
Community Services Department
Housing Repair Assistance Program

STATEMENT OF HOMEOWNER OCCUPANCY

Your Name: _____

Your Address: _____

I am applying to the City of Renton Housing Repair Assistance Program for services to address health &/or safety needs in my home. I understand that the program is for homeowners whose primary residence is in a home they own and that the work the program performs is to be done on the home occupied by the applicant for program services. I am applying for services to be performed at the home I own and live in and this home is my primary residence. I certify that I have owned this home for at least 12 months and have no intention to sell it within the next 12 months.

Signed: _____

Date: _____

* If your home is a mobile home, a copy of the Washington State Department of Licensing Title is required for program eligibility. Please send a copy of your title with your application.

If you have any questions, please phone the City of Renton Human Services Office at (425) 430-6650.